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FROM: David R. Saliwanchik

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SUBJECT/MESSAGE:

Revocation of Power of Attorney and Change of Correspondence Address

| | |
|----------------------|-------------------------------|
| Attorney Docket No.: | CAD-100 |
| Application No. : | 10/748,476 |
| Filing Date : | December 30, 2003 |
| Applicants : | Linda Carlsen, Dewain Carlsen |
| Art Unit : | 3711 |

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PTO/SB/82 (04-05)
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|--|------------------------|-------------------|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/748,476 |
| | Filing Date | December 30, 2003 |
| | First Named Inventor | Linda Carlsen |
| | Art Unit | 3711 |
| | Examiner Name | Raleigh W. Chiu |
| | Attorney Docket Number | CAD-100 |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

46271

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Dewain Carlsen

Name

Dewain Carlsen

Date

1-7-06

Telephone

(202) 374-3432 (406) 273-0119

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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**REVOCATION OF POWER OF
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AND
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I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Linda Carlsen

Date

1-7-06

Telephone

(202) 974-5432 (406) 273-0119

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